

1992 CP Mammography and Lintroscan

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By Maxine Ruvinsky

MONTREAL (CP)--A study on breast cancer screening which concluded that mammograms do not reduce mortality rates from the disease, was seriously flawed, the Quebec Association of Radiologists said Wednesday.

The radiologists said the study failed to find a link between breast X-rays and reduced risk of dying from breast cancer because it used outdated equipment and badly trained researchers.

"Important flaws in the study can explain the lack of impact of mammography on the rate of mortality from breast cancer," Dr. Andre Gregoire, head of the mammography committee of the Quebec Association of Radiologists, said at a news conference.

Gregoire and three other radiologists said the study's problems include: poor qualification among some members of the research team, the use of outdated equipment, the presence in the mammogram group of a greater number of women with advanced cancers after the first year of the study, and the use of mammograms by the control group, which was supposed to received physical examination alone.

What we fear is that a study like this could convince people of limited means to forgo mammograms," Gregoire said.

The \$17-million National Breast Screening Study, begun in 1980 and released last Friday, tested almost 90,000 Canadian women aged 40 to 59 over a seven-year period. It concluded that while annual mammograms greatly improved early detection of breast cancer, it had no effect in lowering death rates.

The radiologists said they stand by their earlier recommendations: Women should have mammograms when a doctor prescribes them and the recipient is between 40 and 69 years old, or at a younger age if there is a history of breast cancer in the immediate family.

"I reject their criticism," Dr. Anthony Miller, a professor in the department of preventive medicine at the University of Toronto and head researcher of the controversial study, said in a telephone interview.

"They are criticizing the research team. . . they are criticizing their own members (radiologists)" who were chosen to participate because of their expertise, Miller said.

"People make the assumption that simply finding cancer early is in itself a good thing, but our study challenges that assumption."

Dr. Guy Hebert, president of the Canadian Association of Radiologists, who participated in the breast-screening study, conceded at Wednesday's news conference that "mammography is not perfect."

But a "mammogram alone has found many more small cancers than physical examination alone," he said, a finding not disputed by the study.

Dr. Guy Breton, president of the Quebec Association of Radiologists, who also participated in the study, said that if it were done today, with

better equipment and training, the results would be more positive, a contention also not disputed by the study or by Miller.

Dr. Maureen Burke, from the radiology department of St. Luc Hospital in Montreal, suggested that more positive results might be obtained if more women were tested.

In other countries, like the United States, "the push has certainly been toward mass screening. . . how to get as many women as possible to come for mammograms."

Miller said of the criticism: "I don't criticize their sincerity. . . and I can understand they must feel quite uncomfortable (about the results) especially with such a large study."

He suggested the radiologists may have a vested interest in criticizing the study because "mammography is a good proposition for radiologists."

The study was funded mainly by the Canadian Cancer Society and the federal government.

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By Maxine Ruvinsky

MONTREAL (CP)--An American technology for breast-cancer screening that poses no radiation risk, and doesn't hurt, may soon be available in Canada.

Plans to market the Lintro-scan are now under way, said Dominick Maggio, vice-president of marketing and public relations for Lintronics Technologies Inc., in Tampa, Fla., which developed the device.

"We haven't signed anybody yet (in Canada), but there's a lot of interest. . . it's a matter of weeks or months," Maggio said in a telephone interview.

The Lintro-scan uses infra-red light instead of X-rays for early detection of cancer. Unlike the mammogram, it poses no radiation threat, requires no painful compression of the breasts and can be done in a doctor's office.

A 1986 study at the University of Miami rated the Lintro-scan 95-per-cent accurate compared to 85 per cent for mammograms.

"Right now, we're marketing it as an adjunct to mammography," said Maggio, who hopes the Lintro-scan may eventually replace the mammogram.

Although approved for marketing by the U.S. Food and Drug Administration as a trans-illumination device (one using bright light), the Lintro-scan would need more testing before it could be marketed as an alternative to mammograms, Maggio said.

"It's not that mammography is bad," said Richard Grable, the engineer who developed the Lintro-scan about 10 years ago, and vice-president of research and development for Lintronics. "But it (mammography) isn't 100-per-cent accurate and it's not risk-free. And those things are not being communicated."

Substantial funds are invested in mammography, Grable said, citing a recent survey in Diagnostic Imaging magazine that showed nearly one in four of the 11,000 mammogram systems used in the U.S. is more than five years old and will need to be replaced.

About 52 per cent of those who responded to the survey said they did more than 400 mammograms a month at an average cost of \$100 each.

Grable introduced the device at the Beijing Cancer Research Institute in 1987. In the next two years, 50 systems were sold in mainland China and now several Chinese companies are manufacturing their own Lintro-scan clones, Grable said.

Internal medicine specialist Dr. Ronald Landefeld has been using the Lintro-scan in his Marion, Ohio office since Sept. 15, 1991.

The device is working "beyond my wildest expectations," Landefeld said in an interview.

"I've already picked up two cancers (out of 180 tests) that were missed by both mammography and physical exam, and in one case by biopsy as well.

"This is not some kind of snake-oil show. This is real."

The Lintro-scan is also slightly cheaper than a mammogram, he said. But most important is the pain factor.

Half the people who have mammograms never come back for another because it hurts, said Landefeld, a trustee of the Ohio division of the American Cancer Society.

The Lintro-scan has been on the American market since 1990, when American Clinical Labs bought Lintronics, selling it last October to a subsidiary, Evro Financial Corporation, a public company.

There should be no problems marketing the device in Canada, JoAnne Ford of Health and Welfare said Tuesday. Although department scientists haven't heard of the Lintro-scan, they are familiar with trans-illumination devices generally, she said.

"The normal process would be that they notify Health and Welfare when they're selling," Ford said. She said there are about 500,000 kinds of medical devices - everything from thermometers to high-tech scanning machines - sold in Canada, with 25,000 new ones on the market each year.

In related news, the federal government announced Tuesday it will spend \$25 million over the next five years on breast cancer research and education.

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